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| <b>Issue Classification</b><br><br> | <b>Application/Control No.</b><br><br>10723365 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>BOOM ET AL. |
|   | <b>Examiner</b><br><br>SAMUEL C WOOLWINE       | <b>Art Unit</b><br><br>1637                                       |

[illegible]

| <div><input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant</div> <div><input type="checkbox"/> CPA</div> <div><input type="checkbox"/> T.D.</div> <div><input type="checkbox"/> R.1.47</div> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|  | 1        |       | 26       |       | 51       |       | 76       |       | 101      | 47    | 126      |       | 151      | 55    | 176      |
|  | 2        |       | 27       |       | 52       | 3     | 77       | 25    | 102      | 48    | 127      |       | 152      | 56    | 177      |
|  | 3        |       | 28       |       | 53       | 4     | 78       | 26    | 103      |       | 128      |       | 153      | 57    | 178      |
|  | 4        |       | 29       |       | 54       | 5     | 79       | 27    | 104      |       | 129      |       | 154      | 58    | 179      |
|  | 5        |       | 30       |       | 55       | 6     | 80       | 28    | 105      | 49    | 130      |       | 155      | 59    | 180      |
|  | 6        |       | 31       |       | 56       | 7     | 81       | 29    | 106      |       | 131      |       | 156      | 60    | 181      |
|  | 7        |       | 32       |       | 57       | 8     | 82       | 30    | 107      |       | 132      |       | 157      | 61    | 182      |
|  | 8        |       | 33       |       | 58       | 9     | 83       | 31    | 108      |       | 133      | 51    | 158      | 62    | 183      |
|  | 9        |       | 34       |       | 59       | 10    | 84       |       | 109      |       | 134      |       | 159      |       |          |
|  | 10       |       | 35       |       | 60       | 11    | 85       | 32    | 110      |       | 135      |       | 160      |       |          |
|  | 11       |       | 36       |       | 61       | 12    | 86       | 33    | 111      |       | 136      |       | 161      |       |          |
|  | 12       |       | 37       |       | 62       | 13    | 87       | 34    | 112      |       | 137      |       | 162      |       |          |
|  | 13       |       | 38       |       | 63       | 14    | 88       | 35    | 113      |       | 138      |       | 163      |       |          |
|  | 14       |       | 39       |       | 64       | 15    | 89       | 36    | 114      |       | 139      | 52    | 164      |       |          |
|  | 15       |       | 40       |       | 65       | 16    | 90       | 37    | 115      | 50    | 140      |       | 165      |       |          |
|  | 16       |       | 41       |       | 66       | 17    | 91       |       | 116      |       | 141      |       | 166      |       |          |

|                                    |            |                              |                   |
|------------------------------------|------------|------------------------------|-------------------|
|                                    |            | <b>Total Claims Allowed:</b> |                   |
| (Assistant Examiner)               | (Date)     | 62                           |                   |
| /Samuel Woolwine/<br>Art Unit 1637 | 05/28/2010 | O.G. Print Claim(s)          | O.G. Print Figure |
| (Primary Examiner)                 | (Date)     | 1                            | none              |

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|   | <b>Examiner</b><br>SAMUEL C WOOLWINE       | <b>Art Unit</b><br>1637                                       |

|  |    |  |    |   |    |    |     |    |     |  |     |    |     |  |  |                                     |  |                                      |  |  |  |
|--|----|--|----|---|----|----|-----|----|-----|--|-----|----|-----|--|--|-------------------------------------|--|--------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> |    |  |    |   |    |    |     |    |     |  |     |    |     |  |  | <input type="checkbox"/> <b>CPA</b> |  | <input type="checkbox"/> <b>T.D.</b> |  | <input type="checkbox"/> <b>R.1.47</b> |  |
|  | 17 |  | 42 |   | 67 | 18 | 92  | 38 | 117 |  | 142 |    | 167 |  |  |                                     |  |                                      |  |  |  |
|  | 18 |  | 43 |   | 68 | 19 | 93  | 39 | 118 |  | 143 |    | 168 |  |  |                                     |  |                                      |  |  |  |
|  | 19 |  | 44 |   | 69 | 20 | 94  | 40 | 119 |  | 144 |    | 169 |  |  |                                     |  |                                      |  |  |  |
|  | 20 |  | 45 |   | 70 | 21 | 95  | 41 | 120 |  | 145 |    | 170 |  |  |                                     |  |                                      |  |  |  |
|  | 21 |  | 46 |   | 71 | 22 | 96  | 42 | 121 |  | 146 |    | 171 |  |  |                                     |  |                                      |  |  |  |
|  | 22 |  | 47 |   | 72 | 23 | 97  | 43 | 122 |  | 147 |    | 172 |  |  |                                     |  |                                      |  |  |  |
|  | 23 |  | 48 |   | 73 | 24 | 98  | 44 | 123 |  | 148 |    | 173 |  |  |                                     |  |                                      |  |  |  |
|  | 24 |  | 49 | 1 | 74 |    | 99  | 45 | 124 |  | 149 | 53 | 174 |  |  |                                     |  |                                      |  |  |  |
|  | 25 |  | 50 | 2 | 75 |    | 100 | 46 | 125 |  | 150 | 54 | 175 |  |  |                                     |  |                                      |  |  |  |

|                                    |            |                              |                   |
|------------------------------------|------------|------------------------------|-------------------|
|                                    |            | <b>Total Claims Allowed:</b> |                   |
|                                    |            | 62                           |                   |
| (Assistant Examiner)               | (Date)     | O.G. Print Claim(s)          | O.G. Print Figure |
| /Samuel Woolwine/<br>Art Unit 1637 | 05/28/2010 | 1                            | none              |
| (Primary Examiner)                 | (Date)     |                              |                   |